



Southeastern Claims Service
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Columbia, South Carolina 29221
1-800-206-1913
Fax: 803-407-5549
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www.scs-irfreporting.com

If You Are
Involved
In An
Accident
Please
Follow
These
Instructions.

Auto Loss Form

Date:

Time:

County:

Location of Accident:

Street Name _____

City _____ State _____

Closest to what intersection or landmark _____

-Unit 1 (Your Vehicle)

Driver's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Work Number _____

Your Supervisor _____ Telephone _____

Vehicle Yr _____ Make _____ Model _____

License Number _____

-Unit 2 (Their Vehicle)

Driver's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Work Number _____

Cell Number _____ Birth Date _____

Driver's License Number _____ State _____

Owner's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Cell Number _____

Vehicle Yr _____ Make _____ Model _____

License Number _____ State _____

Insurance Company _____

Witness Name _____

Telephone _____ Address _____

Written Summary of Accident:

What To Do If You Are Involved In An Accident.

1.  Stop Immediately.
But do not obstruct traffic.
2.  Be sure you are okay.
Then, assist the injured.
3.  Call, or have someone call police, or 911.
Repeat after 5 minutes.
4.  Get the names, phone numbers and addresses of other drivers, witnesses and injured persons. Complete the form on reverse side.
5.  Do not accept any settlements at the scene of an accident.
6.  Remain calm, courteous and consistent in your version of the accident.
7.  Notify your dispatcher, the IRF/SCS by calling 1-800-206-1913 immediately.